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C O N T E N T S

SOCIAL-SECURITY PROGRAM FOR CHILDREN	PAGE
THE GROWTH OF CHILD-WELFARE SERVICES IN RURAL AREAS, BY Mildred Arnold - - - - -	3
THE MATERNAL AND CHILD-WELFARE PROGRAM AND THE TASK AHEAD, BY Kenneth D. Blackfan - - - - -	7
THE CRIPPLED CHILDREN'S DIVISION UNDERTAKES NEW STUDIES - - - - -	10
RECENT SOCIAL-SECURITY DECISIONS - - - - -	10
RESEARCH NOTES - - - - -	11
DISTRICT OF COLUMBIA CHILD-WELFARE PROGRAM STUDIED APPROVED STUDY COURSE FOR MEDICAL SOCIAL WORKERS	
MATERNAL, INFANT, AND CHILD HEALTH	
PROVISIONAL BIRTH, INFANT MORTALITY, AND GENERAL MORTALITY RATES, 1936 - - - - -	12
NEWS NOTES - - - - -	12
SCOTTISH PAPER ON NUTRITION DURING PREGNANCY REPRINTED ORTHOPEDIC NURSING CERTIFICATE IN ENGLAND	
BOOK AND PERIODICAL NOTES - - - - -	13
CHILD LABOR	
CHILD-LABOR LEGISLATION - - - - -	14
PROPOSED FEDERAL LEGISLATION SIXTEEN-YEAR AGE MINIMUM IN SOUTH CAROLINA VERMONT CHILD-LABOR LAW STRENGTHENED	
YOUNG PERSONS IN UNREGULATED OCCUPATIONS IN GREAT BRITAIN - - - - -	15
NEWS AND RESEARCH NOTES - - - - -	16
DISTRICT OF COLUMBIA MINIMUM-WAGE BOARD APPOINTED BIBLIOGRAPHY ON CHILD-LABOR PROBLEMS AVAILABLE NEW PUBLICATIONS BY DIVISION OF LABOR STANDARDS VOCATIONAL SERVICE FOR JUNIORS ISSUES 3-YEAR REPORT TRAINING PROJECTS FOR UNEMPLOYED YOUTH IN CANADA	
SOCIALLY HANDICAPPED CHILDREN	
LEGISLATIVE NOTES FROM SWEDEN - - - - -	17
NEWS AND RESEARCH NOTES - - - - -	17
CINCINNATI AND THE GLENVIEW-HILLCREST PROBLEM WELFARE WORK IN MONTREAL, 1936	
BOOK AND PERIODICAL NOTES - - - - -	18
GENERAL CHILD WELFARE	
KINDERGARTEN CENTENNIAL CELEBRATION, 1837-1937 - - - - -	20
NEWS AND READING NOTES - - - - -	20
AMERICAN RED CROSS OFFERS BOOKLET FOR SCHOOL USE PARENTS VIEWS ON PROBLEMS OF ADOLESCENTS YOUTH HOSTELS IN FRANCE	
BOOK AND PERIODICAL NOTES - - - - -	21
OF CURRENT INTEREST	
BLUE RIDGE INSTITUTE - - - - -	22
NATIONAL CONFERENCE OF SOCIAL WORK - - - - -	22
NATIONAL CONFERENCE OF JEWISH SOCIAL WELFARE - - - - -	22
SECOND INTERNATIONAL CONGRESS FOR THE PROTECTION OF CHILDHOOD - - - - -	22
HUGH L. KERWIN - - - - -	23
CONFERENCE CALENDAR	



THE CHILD — MONTHLY NEWS SUMMARY

Volume 2, Number 1

July 1937

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

THE GROWTH OF CHILD-WELFARE SERVICES IN RURAL AREAS¹

BY MILDRED ARNOLD, DIRECTOR, CHILDREN'S DIVISION,
DEPARTMENT OF PUBLIC WELFARE, STATE OF INDIANA

One of the basic factors involved in the development of child-welfare services in rural areas is the necessity for awareness of the needs of children. Those of us who are working in these areas are confounded with the fact that in many communities there has apparently been a total unawareness that children, as individuals, exist and that they have certain needs which the community has a responsibility to provide. This realization is now coming for the first time and its impact is so startling that some communities are afraid to face it. In a meeting with a board of public welfare of a small rural county in Indiana, recently, where the director was anxious that his county be considered for special child-welfare

services, the program for children was fully discussed. It opened such a vast and entirely new field to the board that the members were not even able to discuss it. The only conclusion they expressed at the time was that this whole public-welfare program was so immense they could not comprehend it. It soon became apparent that they were afraid that if their county developed special services for children in addition to their public-assistance program, the child-welfare worker would go into the highways and byways and bring to light problems that otherwise would lie dormant. It was several weeks before the members of the board could finally bring themselves to face the situation of the needs of children in their county. When they were able to do this, formal application for child-welfare services was made to the State Department of Public Welfare.

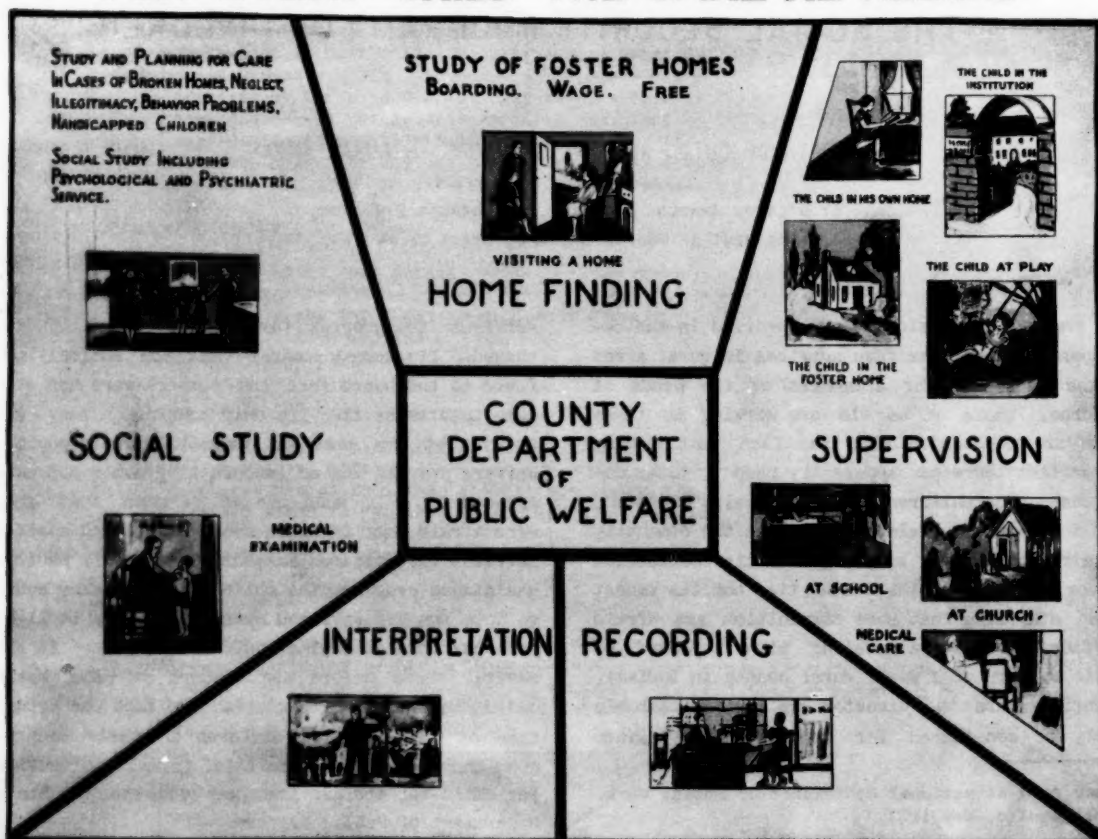
¹ Paper read at National Conference of Social Work, Indianapolis, May 1937.

Recently a director in one of the most rural and backward counties of the State said, "Until this welfare program was started, there was not a single person in our country who was thinking in terms of the child and his needs." When this awareness of need comes, services will follow and then we have the problem of developing the framework around which services in the rural area can be developed.

The area of the local unit to be developed and the functions it will have are of the greatest importance. The county seems to be the unit that is in greatest favor at the present time. However, a great deal more thought and study needs to go into the consideration of what the area for the local unit should be. Many of the rural counties are much too small to make a well-rounded public-welfare program feasible. Indiana, for instance, has 92 counties; one county has a population of only

3,000 and others, of only 5,000 or 6,000. There has been a tendency to make population the basis for many decisions, such as the salaries of directors, supervisors, and case workers, the number of employees in the county, and the types of positions. The result often is that the weakest staff and the poorest program have been developed in the counties having the largest number of problems and the greatest lack of facilities. Although the Public Welfare Act of Indiana allows the program to be developed on a district basis, the district to be comprised of several counties, no one has ventured to suggest that this be attempted. The Children's Division, in submitting its plan for child-welfare services to the Children's Bureau, outlined a district of three counties to be developed but, although the plan was accepted 10 months ago, no headway has been made to date in the development of such a district. As long as States

FOR EVERY CHILD THE CARE HE NEEDS



remain "county minded," as they are at the present time, we shall probably see the public-welfare program continue to be developed on the county basis, but we shall have to make up our minds that many of the small rural counties will not have the kind of program that we should like to see.

In the small rural area the local unit must have comprehensive functions. It must be able to serve children regardless of what the specific need happens to be and must be able to develop facilities to meet those needs. I am convinced that a public-welfare service in rural areas can never be very successful if the relief functions are administered by one agency and the other functions by the local public-welfare unit. In Indiana relief is administered by the township trustees and there is constant conflict between their program and that of the county departments of public welfare. It is difficult for most of us to reconcile ourselves to a situation in which a child must live on a dollar or two a week because his father happens to be without a job when, if one of his parents had died or become totally incapacitated or been continually absent from the home, he might have as much as \$20 a month.

The local unit that is receiving Federal and State reimbursement can now do a great deal in keeping families together, safeguarding family ties, and providing for children in relatives' homes when separation is necessary. The local unit must also be able to safeguard family ties even when placement in foster care is needed. Indiana has been in a very sad plight with regard to the last-named function. Until recent legislation was passed, no child could be cared for away from his own home at public expense, in either an institution or a foster home, without having guardianship removed from the parents and having the child made a ward, of the court, county department of public welfare, or board of county commissioners. The Children's Division is now struggling with many serious and tragic situations, some of which can never be remedied, because guardianship has been removed from parents in order that the county might provide care for children away from their own homes. The recent passage of an amendment to the welfare act has helped the situation, but Indiana is still in need of child-welfare legislation which will al-

low the county departments of public welfare broad powers in relation to children, but which will safeguard these children and their parents by allowing guardianship to remain with the parents wherever possible.

The child in the rural area needs the services of the specialists—the physician, the psychologist, and the psychiatrist—quite as much as the child in the urban area, and the local unit should be able to make those services available to him. It is interesting to see how, with the beginning of insight into problems, and with resourcefulness on the part of child-welfare workers plus a small amount of money, hidden resources for special services can be brought to light. A small rural county recently has been able to make psychological services available to all children in need of them by using a small amount of money in the welfare budget for child-welfare services and by making part-time use of a psychologist who is on the staff of one of the State institutions. Another county has made both psychological and psychiatric service available to its wards by using a psychologist who is on the faculty of a near-by university and a psychiatrist who has a private sanitarium. Many of these specialists, who will receive only a meager payment, are eager to start the services as they see this growing awareness of the needs of children in local communities. They are stimulated by the challenge of what can be done for these children in rural areas and are eager that their limited services be the beginnings of a State-wide child-guidance program.

The local public-welfare unit must be equipped to develop an all-around program in child welfare, which will provide protective service as well as assistance and will give the care and protection every child in need of special service requires.

The type of supervision to be given to the local public-welfare unit is of the utmost importance. There is still much to be learned concerning State supervision, but recent experiences have pointed out certain fundamentals. The State must be equipped to give intensive supervision to the local units and this supervision must include detailed controls. The State must be liberal in its interpretations and must recognize the value of long-time educational processes. It is the

State's responsibility to establish reasonable minimum standards below which the local unit will not be allowed to fall. It must provide an intensive program for in-service training. It must, above all, equip its staff with qualified persons selected solely on the basis of merit. These workers must be patient and long-suffering and must be able to adjust themselves to varying conditions in the local units. The type of supervision given to one local unit, particularly in these early stages of development, might be quite different from that given to another. In many of the smaller areas, where the plan for local supervisors on the county staff is not feasible, the State worker inevitably assumes local supervisory functions. She must often do case work, herself, as the first step in showing others how to do it.

In surveying small rural areas to see what are the possibilities for the adaptation of some of the more modern concepts in case-work treatment, many interesting problems come to light. We realize what a slow process it will be before many of these modern concepts are recognized and accepted. While the child-welfare worker will have a tendency to place greater emphasis on the psychological values in case-work treatment, the community will continue to place the greatest emphasis on the economic and moral values. There is still a strong feeling in many places that relief of poverty will contribute to its increase. A probation officer recently said, in commenting upon the new public-assistance program, that it was "just a Roman holiday for everybody." There is often found, also, a strong feeling that in helping those who have transgressed the moral codes of the community, an invitation is being extended to others for further transgressions. The attitudes of the community are closely tied up with its own social standards, its moral code, and its feeling that human behavior can best be controlled by "setting example," by discipline, punishment, and isolation. This feeling on the part of the public toward the group we serve is expressed forcibly by Gibran² when he says, "Often-

times have I heard you speak of one who commits a wrong as though he were not one of you, but a stranger unto you and an intruder upon your world." This feeling is often found not only among lay groups and individuals but among members of the county welfare board, who control the policies and often the actual services given.

What are some of the characteristics that the child-welfare worker who has the tremendous responsibility for the development of this program and the solution of many of these problems must possess? She must have a pioneer spirit, which makes her love the conquest of difficulties, but at the same time, she must have the patience to build upon a solid foundation. She must have the ability to see the total program but not lose sight of specific objectives. She must be flexible and versatile, as the needs she is to meet will be many and varied. She must have the ability to make herself a part of the community life, as she will often go there as an alien. She must be sensitive to the feelings of the persons with whom she works. She must have the ability to transmit to the community her own attitude of tolerance, her understanding for the individual in his failures, and her faith in his possibilities for development. Her services must be placed on a broad base and she must be able to focus her attention on the entire field of human needs. Above all, she must be willing to forfeit any need for individual gratification.

I have made no pretense at being able to formulate a well-defined program for the development of child-welfare services in rural areas. I have instead merely set down some conclusions, drawn from experiences in attempting to develop the program in Indiana over a period of less than a year, and to set forth some problems, which have been concretely observed. The recognition and understanding of these problems may help to accelerate the development of the program here and elsewhere, and their solution will help us to reach the high goals for children that lie ahead.

2 Gibran, Kahlil: *The Prophet*, p. 46. 1936.

THE MATERNAL AND CHILD-WELFARE PROGRAM AND THE TASK AHEAD¹

BY KENNETH D. BLACKFAN, M.D.,
PROFESSOR OF PEDIATRICS, HARVARD UNIVERSITY MEDICAL SCHOOL

Physicians, by the nature of their daily work, are concerned with individuals. For the most part they have an opportunity to influence parents in regard to child health only as parents seek professional service for their children. It has been a main task of the Children's Bureau to serve as a medium by which medical knowledge and the results of clinical and laboratory research can be translated into terms within the understanding of the average parent and disseminated widely throughout the country. These accomplishments are fruits of the collaboration of leaders of the medical profession with the agency of the Federal Government entrusted with responsibility for conserving the interests of the child—his physical, intellectual, emotional, and social well-being—and the opportunities which should constitute his American birthright.

The General Advisory Committee appointed to assist the Children's Bureau in the development of general policies for the administration of title V, parts 1, 2, and 3, of the Social Security Act, includes representatives not only of the professions of medicine, public-health nursing, and social work, but also of citizens associated in groups having among their objectives the advancement of the welfare of the child. Especially do we associate with us in extending our support to the Children's Bureau, Dr. Henry F. Helmholtz, chairman of the Advisory Committee on Maternal and Child-Health Services, Dr. Fred L. Adair, chairman of the Subcommittee on Maternal Welfare, Dr. Albert H. Freiberg, chairman of the Advisory Committee on Services for Crippled Children, H. Ida Curry, chairman of the Advisory Committee on Community Child-Welfare Services, and Mrs. George B. Mangold, chairman of the Subcommittee on Participation of the Public.

¹ Remarks as chairman of the General Advisory Committee on Maternal and Child-Welfare Services of the Children's Bureau at the Twenty-fifth Anniversary Dinner of the Children's Bureau, Washington, April 8, 1937.

Thus the threefold strength of the professional person, the administrator, and the interested public can be focused upon the problems on which the Bureau requests counsel and guidance.

During the past year and a half public attention has been directed increasingly toward the opportunities for maternal and child-welfare services afforded by the Social Security Act. Congress has now placed in the hands of the States the means for incorporating into practice much of the knowledge that we now have concerning the health and welfare of mothers and children. As the activities in the program move forward it must be borne in mind that constantly renewed efforts must be made to add to our basic knowledge and to put into effect our present knowledge if practice is to be maintained at a high level of effectiveness. Resources for investigation are doubly needed as resources become available for actual service, for research has been and must continue to be the foundation for advance in any field of public health or social welfare. It is fortunate that the Bureau is organized to carry on such work on the broad basis of a correlated approach to all the problems of childhood, in their economic, social, and medical aspects, and in relation to the inequalities which exist in our social, economic, and industrial life.

What the Social-Security Program for Children Is Doing

It is of more than passing interest that within 9 months of the time when funds became available, all 48 States, Alaska, Hawaii, and the District of Columbia were cooperating under the maternal and child-health sections of the act. This prompt action on the part of the States was due in no small degree to their experience gained during the period of existence of the Sheppard-Towner Act. In the crippled children's and the child-welfare programs, the States had new procedures to develop, new legal and administrative problems to work out. Forty-two States, Alaska, Hawaii, and the District

of Columbia are now cooperating in the program of services for crippled children and 42 States² and the District of Columbia in that for child-welfare services.

Under the maternal and child-health provisions of the act great impetus has been given to developing and extending facilities for prenatal and postnatal care, infant and child-health conferences, home visiting by public-health nurses, and school-health services. These types of work have been augmented and advanced very materially in quality of performance under State leadership. Policies of payment for clinical services of physicians, long since established in city child-health work, have been applied to work in rural and semirural areas in many States. Activities in the field of nutrition, dental care, and health education are being extended rapidly.

To make a beginning in remedying the deficiency in the training of our physicians, many States have inaugurated under their new plans postgraduate lecture courses in obstetrics or pediatrics, or in both, for general practitioners, arranged in cooperation with the local medical organizations. So far the effort has been largely to take these courses to the physicians in their own communities and to arrange them so that it is relatively easy for practitioners to attend. The response has been enthusiastic. Likewise, for the nurses engaged in this maternal and child-health program opportunities for formal postgraduate work have been provided, through assistance from the Public Health Service and the Children's Bureau.

The services for crippled children are making possible the development throughout the entire country of comprehensive programs for meeting the medical and social needs of these most appealing children—numbering, it is estimated, from 300,000 to 500,000. The heart of the program is represented by its provisions for medical, surgical, and hospital care, but it is being related to the general public-health and social-work services, especially in their preventive and community aspects. Like the maternal and child-health program, the cooperative activities for crippled children afford a large field for developing sound

relationships between the private practitioner and the public administrator.

The objective of the third part of the program coming under the administration of the Children's Bureau is to make available in the rural community or small town understanding and wise social treatment for the child who is confronted with problems too great for him or his family to solve unaided. Already some 250 child-welfare workers are serving local communities, cooperating with teachers, health workers, judges, relief and assistance workers, and parents in dealing with problems of neglect, illegitimacy, mental deficiency, and delinquency that have long been overlooked. Some 170 social workers on the staffs of State welfare departments are giving advisory, consultant, and supervisory service in the child-welfare program. The response on the part of officials and the public to the practical demonstrations of the value of social service in these situations is most encouraging. One of the chief difficulties in this, as in the other aspects of the program, is the limited supply of workers with the requisite training and experience. The Bureau of Public Assistance of the Social Security Board and the Children's Bureau are working closely together in the encouragement of unified State and local public-welfare programs under competent leadership, and are emphasizing the importance of maintaining adequate personnel standards and of providing educational opportunities for training of staff.

The Need for Expanded Maternal and Child-Health Program

Unfavorable conditions surrounding maternity and early infancy remain today, as they were 20 years ago, urgently in need of courageous and constructive attack.

During the past 20 years the maternal death rate has decreased but little; the rates for infants in the first month of life but little; if we consider the infant deaths during the first week or the first day, we find that essentially no decline in the rates has taken place. Reports of studies of maternal deaths indicate that half, and perhaps a larger proportion, might have been prevented had care been really adequate. The possibilities of saving the lives of infants who now die before or shortly after birth are equally

² Two additional States have since had child-welfare plans approved.

great. These facts constitute a challenge and an obligation that cannot longer be put aside or evaded.

In the past most of our effort in this country has been directed toward providing facilities for prenatal care. In cities this has been done reasonably well, and in some places provision has been extended to include nursing care at time of delivery when requested by the physician or the family. In rural areas, however, facilities for prenatal care are still far from adequate though they are increasing steadily under the new State plans; postpartum care by nurses is being given in increasing amounts but it, too, is far from adequate. Nursing care at the time of delivery is still provided so seldom in rural and semirural areas as to be essentially lacking, although 10 States have actually begun in certain areas demonstration services of this kind.

For a large number of rural women hospital care is entirely inaccessible when it comes to meeting emergency obstetric needs. Moreover, resources available to the general practitioner for consultant obstetric or pediatric service are poorly distributed in rural and semirural areas and entirely inaccessible or lacking in many.

Almost a quarter of a million women were delivered during 1935 by so-called midwives and we all know the inadequacy of such service unless rendered by a well-trained group. An unknown number of women, actually probably many thousands (if we take the number reported to the Bureau of the Census as a basic figure), have no trained attendant at time of delivery. Many thousands of women face the experience of childbirth knowing that there is no money to pay for medical or nursing care for themselves or for their offspring.

Almost two million women are delivered by physicians annually. Many of the physicians who deliver these women are well trained in obstetrics and thoroughly understand the care of the newborn, but many have graduated from medical school with only a theoretical knowledge of obstetrics and have little or no practical clinical experience. Furthermore, we provide essentially no facilities for clinical postgraduate work in these fields. Is it any wonder that our maternal and neonatal mortality rates are still so high?

The need has been established fully for providing medical and nursing care during the maternity period for mothers for whom adequate care cannot be provided at family expense; for consultant obstetric and pediatric services; for emergency hospitalization; and for opportunities for postgraduate training for physicians and nurses in attendance at childbirth. It is known that the extension of facilities of this kind will save many thousands of lives. The General Advisory Committee on Maternal and Child-Welfare Services recommends further extension of the maternal and child-health work, especially in rural areas and in areas suffering from severe economic distress, through Federal cooperation with the States under title V, part 1, of the Social Security Act. These recommendations provide for increased maternity care and care of the newborn and for a program of educational training in these fields for physicians and nurses. In these undertakings, medical practice, public administration, and the lay public including parents themselves can be united in a great common undertaking, in which the interests of all can be duly protected.

To the Children's Bureau we bring a challenge for leadership. In its fulfillment we pledge our earnest support.

THE CRIPPLED CHILDREN'S DIVISION UNDERTAKES NEW STUDIES.

The Crippled Children's Division of the Children's Bureau is undertaking two studies in relation to the policies and procedures in the State programs for crippled children. One study is concerned with policies relating to "intake" or eligibility for care under the State program for crippled children. The other is concerned with the discharge procedures from hospitals where children have been treated. The purpose of the studies is to learn, by a sampling of State plans, the most satisfactory methods of intake and discharge and the extent to which medical and social factors are correlated in plans for crippled children. Only a limited number of States can be studied, so that work has been concentrated in the East and the Middle West and even then it may not be possible to accept all the invitations received from the directors of the crippled children's services in the various States.

The studies are being carried on by medical social workers. There are two supervisors, each with a staff of three assistants. One worker will be assigned to a State, and the supervisor will visit the State at frequent intervals to direct the study and to get an understanding, at first hand, of the working of the State plan. The medical social workers engaged in the study of discharge procedures are already in Virginia, New Jersey, and Michigan, and later will go to Minnesota, Alabama, and Kentucky. Plans are being completed for the intake study to be undertaken in New York, Tennessee, and Oklahoma, and requests from several other States are under consideration. In addition to conferences with the State officials responsible for the programs for crippled children, the State directors have arranged for visits by the medical social workers in the discharge study

to many of the hospitals and convalescent homes where care is provided under the State program. Similarly, visits will be made to clinics, county courts, and county welfare units in the course of the intake study.

Consideration will be given in the intake study to the policies and procedures relative to acceptance or rejection of the individual for medical care. Effort will be made to evaluate the legal and administrative detail of eligibility as individualized by knowledge of the need for medical care, the family set up, income responsibilities, and attendant social problems. The effect on the practice of the private physician of standards of financial eligibility will be considered. Reactions of the patient and family to the handicap, procedures necessary to make medical care available, fear of examination, and therapeutic procedures will be reviewed.

In the discharge study particular attention will be paid to the availability of social information that would influence the doctor in making discharge plans. The methods used to insure a satisfactory social adjustment for the crippled child will be considered, as well as the means by which medical supervision is obtained after the child leaves the hospital. Study will be made of the use of convalescent care, either in institutions or through foster homes, in relation not only to the child's physical needs but also to the preparation of the crippled child to meet the social limitations imposed by his disability.

It is hoped that the material gathered in the studies will be helpful, after analysis, in the formulation of principles that the States may use in developing their own programs.

RECENT SOCIAL-SECURITY DECISIONS

On Monday, May 24, 1937, the United States Supreme Court in two cases, *Steward Machine Co. v. Davis* and *Helvering v. Davis*, sustained the old age benefits and unemployment-compensation provisions (titles II and III) of the Social Security Act, and the corresponding tax features of the act (titles VIII and IX) whereby revenue sufficient to support these programs is provided. The

old age benefits provisions were sustained by a 7 to 2 vote, and the unemployment-compensation provisions by a 5 to 4 vote. On the same day the court upheld the Alabama Unemployment Compensation Act in two joint appeals, *Carmichael v. Southern Coal & Coke Co.* and *Carmichael v. Gulf States Paper Corp.*, by a 5 to 4 vote. This act was enacted for the purpose of providing for

State cooperation with the Federal Government in the unemployment-compensation program.

The provisions of the Social Security Act were assailed by its opponents, particularly on the ground that they invade the powers reserved by the Constitution to the States, and the unemployment-compensation provisions (titles III and IX) were attacked on the ground that their effect is to coerce the States into surrender of their sovereign powers.

The Court held that Congress may authorize the expenditure of Federal funds in aid of the "general welfare," and by implication that the taxes imposed by titles VII and IX of the act are within the power of Congress upon the ground that their purpose is to provide for the "general welfare." These decisions come as

the conclusion to the historical argument, begun in the days of Hamilton and Madison over the effect of the "general welfare" clause of the Constitution (Art. 1, Sec. 8). The Court held that the inducement offered to the States by the unemployment-compensation provisions of the Act does not constitute coercion, but rather that it provides for appropriate cooperation between the Federal and State Governments toward a common and legitimate end.

The Alabama Unemployment Compensation Act, which had been held valid by the State Supreme Court under the State Constitution, was sustained by the United States Supreme Court under the Federal Constitution, on grounds consistent with the decisions in *Steward Machine Co. v. Davis* and *Helvering v. Davis*.

RESEARCH NOTES

District of Columbia child-welfare program studied

To assist the Board of Public Welfare of the District of Columbia in planning its child-welfare program, the Children's Bureau, at the request of the

Board, in 1936 undertook a study of certain phases of the public child-welfare program of the District. This study has now been completed and the report, written by Emma O. Lundberg and entitled "The Public Child-Welfare Program in the District of Columbia," will be printed in two parts. Part I is now available and copies may be obtained from the Children's Bureau while the supply lasts (Washington, 1937; 18 pp.). This part of the report is concerned with the legal and administrative foundations of the public child-caring agency, with the types of problems that come to the Child-Welfare Division of the Board of Public Welfare and through this division to the Industrial Home Schools, and with the relationship between the Board and the juvenile court, the two public agencies primarily concerned with children in need of care, protection, or correction. It contains the conclusions drawn from the study and

recommendations for "next steps" in the public child-welfare program of the District of Columbia.

The second and more detailed part of the report will be printed separately.

* * * * *

Approved study course for medical social workers

The American Association of Medical Social Workers has prepared a statement entitled "Plan and outline for a special program of study for medical social workers in the Federal-State program for services for crippled children" (American Association of Medical Social Workers, Chicago, February 1, 1937, 8 pp. Mimeographed.). The course outlined covers a period of 12 weeks of graduate study providing special medical information on orthopedic conditions, study of social factors involved in care of crippled children, and knowledge of the organization and administration of State and Federal departments of government and their interrelationships with special emphasis on social-security legislation.

MATERNAL, INFANT, AND CHILD HEALTH

PROVISIONAL BIRTH, INFANT MORTALITY, AND GENERAL MORTALITY RATES, 1936¹

According to the provisional tabulations of the United States Bureau of the Census, issued during June 1937, there were 2,136,059 live births during 1936 as compared with 2,155,105 during 1935. The provisional birth rate for 1936 computed from these figures is 16.6 per 1,000 estimated population as compared with 16.9 in 1935. The rate for 1936 is approximately the same as that for 1933, which was the lowest that had ever been recorded.

The number of infant deaths, according to these provisional tabulations, was 121,525, an increase of 1,387 over 1935. These provisional figures give an infant mortality rate of 56.9, as compared with 55.7 in 1935. In 29 States and the District of Columbia the rates for 1936 were higher than those for 1935; in 19 States, lower. The greatest decreases in the rate occurred in

New Mexico, North Dakota, New Hampshire, South Dakota, and Montana. The largest increases in the infant mortality rate were in the District of Columbia, West Virginia, and Vermont.

The preliminary tabulations for 1936 show 1,474,177 registered deaths in the United States. This figure indicates an increase of 81,425 over the number of deaths registered in 1935. In 43 States and the District of Columbia the number of deaths in 1936 was greater than in 1935. Only States of comparatively small population, Montana, New Hampshire, New Mexico, North Dakota, and South Dakota, showed decreases. The general death rate for the United States in 1936 was 11.5 per 1,000 population; in 1935 it was 10.9. The death rate for 1936 is the highest recorded for the death-registration area in the past 7 years.



NEWS NOTES

Scottish paper on nutrition during pregnancy reprinted

The Children's Bureau now has available for distribution a limited number of reprints of

"A review of recent work on dietary requirements in pregnancy and lactation with an attempt to assess human requirements," by R. C. Garry, D. Sc., and D. Stiven, Ph.D., D. Sc. This appeared originally in the April 1936 issue of *Nutrition Abstracts and Reviews*, published by Aberdeen University Press, and was reviewed in *The Child* for February 1937 (p. 17).

Orthopedic-nursing certificates in England

The Central Council for the Care of Cripples in England has decided to establish orthopedic-nursing certificates. These will be based on a uniform syllabus acceptable to orthopedic hospitals and will be awarded on the basis of examinations. This action was taken as the result of the final report of the Orthopedic Nursing Committee appointed in 1934 to investigate the advisability of establishing an orthopedic-nursing certificate. It is hoped that the first examination for the certificate will be held in November 1937. *Report of the Central Council for the Care of Cripples for 1936 (National Council for Maternity and Child Welfare)*. London. 31 pp.

¹Vital Statistics Special Reports, vol. 3, nos. 24, 23, and 22, issued June 18, 14, and 7, 1937.

BOOK AND PERIODICAL NOTES
(Maternal, Infant, and Child Health)

OBSTETRIC AMNESIA, ANALGESIA, AND ANESTHESIA; their relationship to sudden death in labor, by Thaddeus L. Montgomery, M.D. *Journal of the American Medical Association*, vol. 108, no. 20 (May 15, 1937), pp. 1679-1683.

Methods of obstetric amnesia, analgesia, and anesthesia were considered as possible factors in maternal deaths in a study covering maternal deaths in Philadelphia over a 5-year period. On the basis of records of death, the use of spinal anesthesia was condemned as dangerous in obstetric practice, and the use of barbituric-acid derivatives was found to be not free from danger.

The author found local anesthesia the least depressing of all methods, and well adapted for use in certain cases.

TESTS AND PROMOTION OF REGISTRATION OF BIRTHS AND DEATHS, by W.J.V. DEACON, M.D., D.P.H. *American Journal of Public Health*, vol. 27, no. 5 (May 1937), pp. 492-498.

Dr. Deacon, who is director of the Bureau of Records and Statistics of the Michigan State Department of Health, discusses in this paper some of the plans and methods of checking registration of births and deaths that have come to his knowledge and evaluates them with the object of developing a definite and comprehensive plan of checking registrations for use in State and local offices.

MEASLES AND WHOOPING COUGH, by Haven Emerson, M.D. Supplement to *American Journal of Public Health*, vol. 27, no. 6 (June 1937). 83 pp.

The incidence, fatality, and death rates from measles and whooping cough in 32 cities of the United States in relation to administrative procedures intended for their control are covered for the period 1924-33. The report was prepared for the Subcommittee on Evaluation of Administrative Practices, Committee on Administrative Practice, of the American Public Health Association.

Tentative suggestions are given for a better use of existing knowledge to reduce loss of life from measles and whooping cough by health-department procedures.

SCHOOL HEALTH PROBLEMS, by L. B. Chenoweth, M.D. and T. R. Selkirk, M.D. F. S. Crofts & Co., New York, 1937. 387 pp.

The purpose of this book is "to acquaint

students of education, teachers in service, and others interested, with the broad general nature of health problems in schools." The book deals principally with the personal health of the school child and contains chapters on growth, physical examination of the child, communicable-disease control, visual and hearing defects, mental hygiene, special classes for handicapped children, physical education, and accident prevention. Dr. Richard Bolt has contributed a concluding chapter on school health administration.

The book contains many illustrations, graphs, and tables of interest to workers engaged in school health activities.

HEALTHY GROWTH: a study of the influence of health education on growth and development of school children, by Martha Crumpton Hardy, Ph.D., and Carolyn H. Hoefler. University of Chicago Press, Chicago, 1936. 360 pp. \$3.50.

Healthy Growth is a report of a cooperative study of the influence of health education on growth and development of school children conducted since 1923 in the schools of Joliet, Ill., under the sponsorship of the Elizabeth McCormick Memorial Fund. In this volume the results from the study of the childhood period are presented, with particular emphasis on the influences of health conditions and health training on the growing child.

The investigation was confined to a group of 409 children in 12 public schools. Among the 409 children, 268 received an intensive course of health instruction, 37 received a limited amount of health instruction, and the remaining 104 served as a control group.

The report presents numerous charts and tables showing the influence of health instruction on the whole child over a period of years and discusses such pertinent topics as health practices, physical growth and development, mental growth, educational achievement, school progress, interests and attitudes, and behavior adjustments.

The authors conclude that specific classroom instruction, supplemented by periodic physical examinations with advice to the parent, is an effective method of health education for elementary-school children.

CHILD LABOR

CHILD-LABOR LEGISLATION

Proposed Federal legislation Hearings on the Wheeler-Johnson and Barkley child-labor bills before the Senate Committee on Interstate Commerce were concluded May 20. The Committee on June 14 recommended that the Wheeler-Johnson bill (S.2226) as amended be passed.

Joint hearings before the Senate and House Labor Committees on the Black-Connery wages-and-hours bill, which includes child-labor provisions, began June 2. This bill prohibits the shipment in interstate commerce of products manufactured under "substandard labor conditions." The employment of children under 16, or of children 16 and 17 years of age in occupations declared particularly hazardous for them, is included in the definition of substandard labor conditions.

Sixteen-year age minimum in South Carolina South Carolina revised its child-labor law in 1937, raising the minimum age for employment in any factory, mine, or textile establishment from 14 to 16 and also establishing a 16-year minimum age for employment during school hours in any gainful occupation except in domestic service, in private homes, and in farm work. Night work is prohibited between 8 p.m. and 5 a.m. for minors under 16. The Commissioner of Labor is charged with enforcement of the law and is given the right to enter and inspect all establishments where children are employed. (*Laws of 1937, Act No. 574, p. 445.*)

South Carolina likewise improved its school attendance law (Act No. 607, p. 479) by raising the upper age for compulsory school attendance from 14 to 16 and providing State aid for enforcement. Parents who are financially able are required to send children of school age (between 7 and 16) to school; an annual appropriation of \$76,000 is authorized for distribution among the counties to provide the salary of a school-attendance official. A complete census of all children between 7 and 16 years of age not enrolled in

school within 30 days after opening of school is authorized and the school attendance officials shall endeavor to have non-attending children attend school. If such children are unable to procure books, steps shall be taken by school trustees and the county superintendent of schools to provide the necessary books and working material. If the parents of such children cannot provide suitable clothing, the attendance official shall report the condition to social and civic organizations for appropriate action. If nonattendance is caused by the child's being gainfully employed and such employment is essential to the actual livelihood of the child or his parent, no penalty is imposed on the parent. The law does not apply to children who have completed the tenth grade.

Vermont child-labor law strengthened Improvements in the Vermont law made in 1937 include the extension of the 14-year minimum age in factory and related work to cover also all occupations during school hours and the requirement of employment certificates for work in any gainful occupation during school hours (formerly such certificates were required for work at any time, but only in railroading, manufacturing, delivery work, and work in pool or billiard rooms or bowling alleys). The application of the 8-hour day, 6-day week, and 48-hour week, and the prohibition of night work between 7 p.m. and 6 a.m. for minors under 16 were also extended to cover the work of such minors in all occupations (formerly these provisions applied only to the occupations for which certificates were required). The evidence of age to be required before the issuance of a certificate is specifically listed (formerly the Commissioner of Labor had power to set up this standard by regulation). The list of hazardous occupations prohibited to minors under 16 is extended. The law fixing maximum hours of labor for minors 16 and 17 years of age and for women was amended to reduce the maximum 10½-hour day, 56-hour week for these workers in mines, quarries, and manufacturing and mechanical establishments

to a 9-hour day and 50-hour week; in case of extraordinary emergency or extraordinary public requirement employers engaged in public service are exempt, and there are certain exemptions for telephone exchanges.

Decree of Syrian Republic regulates child labor A legislative decree promulgated by the President of the Syrian Republic in June 1936 and approved by the High Commissioner of the French

Republic the following month prohibits the employment of children under 13 years of age and regulates the employment of children between 13 and 16 years of age.

This decree, which also regulates the employment of women, repeals the provisions of a previous order issued in July 1930. *Industrial and Labor Information*, vol. 61, no. 11 (March 15, 1937), p. 338-339.

YOUNG PERSONS IN UNREGULATED OCCUPATIONS IN GREAT BRITAIN

Young persons under 18 years of age employed in unregulated occupations in England, Scotland, and Wales were made the subject of a Parliamentary inquiry during 1936. The report of the investigating committee, appointed by the Home Office, with Alderman W. Byng Kenrick as chairman, was submitted in January 1937 and is now available. *Report of the Departmental Committee on the Hours of Employment of Young Persons in Certain Unregulated Occupations*, H.M. Stationery Office, London, March 1937. 50 pp. Price, 9d. net.

The inquiry covered young persons employed as "van boys, errand boys, messengers, porters or warehouse boys in connection with any commercial or industrial undertaking," or as page boys or attendants in any hotel or place of public entertainment. It was estimated that there may be as many as 125,000 young persons under 18 in these occupations.

Hearings were held at which 63 witnesses appeared, and a special investigation of the working hours of young persons employed in such capacity in connection with factories was made by four factory inspectors detailed for the purpose.

Van boys (employed on motor vehicles or wagons) formed the largest classification. It was found that many of these boys worked more than 48 hours a week, especially van boys for laundries, bakeries, and aerated water factories. In some cases other unsatisfactory conditions were found, such as irregular meal times, or early morning hours on bakery trucks.

Messenger boys for newspaper offices and cable and wireless companies were found to work late at night in many cases; in some instances boys working on a night shift finished work at 2 a.m. or later, although their average weekly hours were only 38½. Among page boys, elevator operators, and attendants in hotels and motion-picture theaters both long and late hours occurred frequently, and there was a tendency for working hours to be spread over a long period of the day. Of 8,417 page boys and attendants whose employment was investigated, no less than 7,030 were reported to be on duty more than 72 hours a week, including meal and rest intervals.

The report of the committee states that "regulation is necessary from two points of view, both to prevent employment for unduly long hours, and to ensure that hours of employment, whether or not they are excessive, are so arranged as not to deprive the young persons of reasonable facilities for recreation and further education."

It finds further that regulation of hours as recommended should not have any adverse effect on industry. The majority of the witnesses representing employers were prepared to accept regulation. It recommends that young persons employed in the occupations investigated in connection with factories, docks, and warehouses should be included in the new factory legislation now before Parliament; and that the remainder be brought within the scope of the Shops Act, 1934, subject to certain modifications.

NEWS AND READING NOTES

District of Columbia Minimum-Wage Board appointed A Minimum-Wage Board of three members has been appointed to administer the District of Columbia Minimum-Wage Law for women and minors. This law has come into operation again as the result of the Supreme Court Decision in the case of *West Coast Hotel Company v. Ernest and Elsie Parrish*, March 29, 1937, reversing the 1923 decision of the Court in the *Adkins Case*, which held the District of Columbia Minimum-Wage Law invalid.

The members of the new board are John H. Hanna, head of the board of Capital Transit, as representative of the employers; Mrs. William Kittle, who has just concluded a 2-year term as president of the League of Women Voters, as representative of the Public; and Arthur L. Schoenthal, vice president of the Washington Building Trades Council, as representative of labor. July 1, 1937, has been set as the date on which the board will begin operations.

Bibliography on child-labor problems available Selected Bibliography on Child Labor and Related Problems, prepared for limited free distribution by the Children's Bureau (Washington, May 1937; 3 pp. Mimeographed) contains general references and also references on special aspects of child labor such as street trades, caddying, industrial home work, accidents to minors, legal regulation of employment, and the child-labor amendment.

Vocational Service for Juniors issues three-year report "Skylines Change But Youth Still Seeks Its Place in This Big City" runs the title of the three-year report of the Vocational Service for Juniors (122 East 25th St., New York) covering 1934, 1935, and 1936. The section on junior placement shows that there was a marked drop in 1935 both in the number of new registrants and in the number of times they renewed their applications. In 1936 the number of new registrations remained about the same as in 1935, but the number of renewals continued to fall.

Placements increased from 661 in 1934 and 717 in 1935 to 925 in 1936.

An analysis of the employers' orders shows that openings for skilled and semiskilled factory

work rose from 9 percent of the job openings for boys and 36 percent of those for girls in 1934 to 26 and 53 percent respectively in 1936.

New publications by Division of Labor Standards Two new publications issued by the Division of Labor Standards of the United States Department of Labor deal with recent conferences on industrial accidents and diseases. Discussion of Industrial Accidents and Diseases (Bulletin No. 10, Washington, 1937; 300 pp.) contains the proceedings of the 1936 Convention of the International Association of Industrial Accident Boards and Commissions, held in Topeka, Kans. The second, National Silicosis Conference (Bulletin No. 13, Washington, 1937; 56 pp.) contains a summary of reports submitted to the Secretary of Labor by conference committees at the second silicosis conference which was held in Washington on February 3, 1937.

The May 1937 issue of *Survey of Labor-Law Administration* (Washington, 17 pp.) contains current news on occupational-disease legislation, and also on apprenticeship legislation under consideration in Congress and home-work bills in State legislatures.

Training projects for unemployed youth in Canada A sum of \$1,000,000 has been provided in the estimates of the Dominion Department of Labor for the specific purpose of developing training projects for unemployed young persons in Canada. The Minister of Labor in explaining the purpose of this item in the House of Commons called attention to the problem presented by youth 18 to 25 years of age who have completed their schooling and have been obliged to seek employment under most unfavorable conditions. The sum provided is for the purpose of enabling the Dominion Government to cooperate with provincial governments in establishing training projects. These will be closely related to the basic industries of the Provinces, such as forestry and hard-rock mining. Training in some of the skilled trades, particularly in certain branches of the building industry, will be provided, and it is planned also that some provision may be made for training unemployed young women in certain types of work. *Labor Gazette (Ottawa)*, vol. 37, no. 4 (April 1937), pp. 414-415.

SOCIALLY HANDICAPPED CHILDREN

LEGISLATIVE NOTES FROM SWEDEN

New provision for juvenile delinquents Instead of being committed to penal institutions as heretofore, juvenile offenders between 15 and 18 years of age in Sweden, under a law enacted March 13, 1937, may now be placed under a special training régime in institutions to be established for that purpose. Existing institutions recognized as suitable may also be used. Separate institutions are to be provided for boys and girls.

Special training and supervision will be given to the young persons in these institutions, and they will be taught agriculture or trades. Discharge on parole is also permitted.

A system resembling probation, under which a young person may be kept under special supervision outside an institution, may be used upon decision of the authorities concerned.

The new law is applicable upon decision of the judge when the nature of the offense and the offender's personality, conduct, and circumstances

of life are such that the training regime is considered desirable.

Child-Welfare measures pending in Sweden Several child-welfare bills are pending in the national legislature of Sweden, and their early passage is expected. These bills aim to provide mothers' and orphans' pensions, maternity benefits to insured and noninsured women in larger amounts than at present, improved obstetric facilities, preventive health work for mothers and children, the employment by the Government of district midwives, instruction of deaf-mutes and feeble-minded children, and improvement of the work of kindergartens.

Svensk Författningssamling, Official collection of laws of Sweden, Stockholm, Nos. 74-80, 1937; Tidskrift för Barnavård och Ungdomsskydd, Stockholm, No. 2, 1937; and Svensk Fattigvårds och Barnavårds Tidning, Stockholm, No. 4, 1937.

NEWS AND RESEARCH NOTES

Cincinnati and the Glenview-Hillcrest problem The reopening of the Glenview and Hillcrest schools for delinquent children is recommended in a report prepared by the Cincinnati Bureau of Governmental Research at the request of the Committee on Coordination and Cooperation in Hamilton County, Ohio, and the Board of Education of the City of Cincinnati (Report No. 72, Cincinnati Bureau of Governmental Research, Gwynne Bldg., Cincinnati, April 1937; 41 pp. Mimeographed. \$1 plus postage). The schools, formerly operated by the Board of Education, were closed December 31, 1936, for financial reasons.

The report further recommends that a child-welfare board be appointed by the County Commissioners to administer all nonjudicial child-welfare activities, including the operation of Glenview and Hillcrest and of the Detention Home,

and to carry on a broad program of preventive service and child care. It is pointed out that whenever it becomes possible to establish in Hamilton County a Department of Welfare, all the child-welfare work, now to be placed in charge of the child-welfare board, should be taken over by the Department, and administered in appropriate divisions or bureaus of that organization. The establishment of a county child-welfare board was recommended by the United States Children's Bureau in a study of Children's Aid and Child Care in Cincinnati and Hamilton County, published in 1935.

References on juvenile delinquency and institutional care available

A Supplementary List of References on Juvenile Delinquency, 1936-37, has been prepared by the Children's Bureau (Washington, May 1937; 5 pp. Mimeographed).

This brings up to date previous lists of refer-

The number of cases of all types handled by the juvenile courts remained "remarkably uniform" throughout the period. The largest number of juvenile delinquency cases, 2,719, was handled in 1932 and the smallest number, 2,401, in 1931.

ANNUAL REPORT OF JUVENILE DELINQUENTS FOR THE YEAR ENDED SEPTEMBER 30, 1936. Judicial Statistics Branch, Dominion Bureau of Statistics, Ottawa, Canada, 1937. 30 pp.

This report shows a decrease of 7 percent in the number of cases brought before the juvenile courts of Canada during 1936 as compared with 1935. An increase of 3 percent in convictions for minor offenses and a decrease of 10 percent in convictions for major offenses is shown. Detailed tables are included giving some data for major and minor offenses by Provinces and judicial districts.

THE DELINQUENT CHILD AND THE INSTITUTION. New York State Department of Social Welfare, Division of Administration of State Institutions. Division Publication No. 3, Albany, 1937. 72 pp.

This is the third pamphlet of reprints issued by the New York State Department of Social Welfare, and makes available in convenient form a variety of useful material:

A Training Program for Workers With Delinquents and Criminals, by Anna E. King.

Recording the Progress of a Child in an Institution, by Leonard W. Mayo.

Processes in the Social Adjustments of the Delinquent, by James S. Owens.

The Institution's Approach to Discipline, by John A. Eisenhauser.

The Problem of Discipline in a Correctional School, by Clifford D. Ford.

Mental Hygiene and the Juvenile Delinquent, by Max Winsor, M.D.

Personality Tests and the Delinquent, by Willard F. Johnson.

Advisory Committee on Training Schools for Socially Maladjusted Children, by Elsa Castendyck.

THE RESPONSIBILITY OF THE SCHOOLS FOR THE PREVENTION OF DELINQUENCY, by Katharine F. Lenroot. *School Management*, May 1937, pp. 238, 256.

"The task of the school would . . . seem to include enrichment of school programs, extension and strengthening of health and social services, and closer cooperation with those agencies which

are working with the child's home and with the community in the development of sound programs for prevention and treatment of conduct problems."

B. Children in Special Need

TRENDS IN CHILD CARE; ninth biennial report of the Child-Welfare Commission for the Biennial period ending June 30, 1936. Oregon Child Welfare Commission, Salem, 1937. 94 pp.

This report presents trends in children's work in Oregon, as shown by a comparison of statistics for 1936 with those of 1926. Among the subjects discussed are the number of children in care, disposition of children discharged from care; foster homes; adoption; informal transfer of custody; mothers' aid; and juvenile delinquency.

THE IMPORTANCE OF DEVELOPING MANUAL SKILLS IN THE YOUNG BLIND CHILD, by Helena M. Drake. *Training School Bulletin*, vol. 34, no. 2 (April 1937), pp. 21-26.

Practical suggestions are given for helping a blind baby to develop constructive play interests, to enlarge his ideas through carefully graded and repeated touch experiences, and to establish habits of self-reliance.

THE TROUBLE I'VE SEEN, by Martha Gellhorn. William Morrow & Co., New York, 1936. 308 pp. \$2.50.

Miss Gellhorn sketches the slow impact of unemployment and relief upon individuals in various age groups whose situations are typical but whose characters are warmly and sympathetically individualized.

The story of "Jim" stresses the frustration of young folk unable to obtain either the training they need or suitable employment, or to achieve marriage on self-respecting terms.

Persons interested in work with children especially will find in "Ruby" much material for thought. This story describes a group of children among whom "relief" is the accepted mode of living and the various expedients to which they resorted to obtain money for ice-cream cones and roller skates.

ences on juvenile delinquency and covers four subjects: Individualized treatment of conduct problems; juvenile courts and probation; institutional care of juvenile delinquents; and community organization for prevention of delinquency.

The Children's Bureau also has available a List of References on Institutional Care of Dependent Children (Washington, May 1937, 6 pp. mimeographed.).

Welfare Work in Montreal. The fifteenth edition of *Welfare Work in Montreal* summarizes the annual reports for 1936 of the agencies in the Montreal Council of Social Agencies, Financial Federation, and Montreal School of Social Work (Montreal, 1937; 126 pp.). Anyone wishing to obtain a copy is asked to write to Financial Federation, Room 201, 1421 Atwater Ave., Montreal.

The agencies are grouped according to function—child care and protection, dependency and delinquency, education and recreation, and health.

BOOK AND PERIODICAL NOTES

A. Delinquency and Its Prevention

A STUDY OF ONE HUNDRED AND TWENTY WELL-ADJUSTED HIGH-SCHOOL STUDENTS, by Douglas A. Thom, M.D. et al. *Bulletin of the Massachusetts Department of Mental Diseases*, vol. 20 (October 1936). 106 pp.

Since numerous studies of maladjustment have not solved the problem of the causes of delinquency, Dr. Thom and his coworkers undertook the new approach of studying the causes of good adjustment. With the purpose in mind of collecting information regarding the background and experience of normal persons during their impressionable and formative years, the authors studied 120 students (57 boys and 63 girls) from the three upper classes in high school in two communities. The pupils studied were selected by the teachers as being notable for their good adjustment. It was thought that the students of this age group were old enough to have solved successfully many of the situations which have been found commonly associated with the beginnings of maladjustment in children.

The students were studied from the social, psychological, and psychiatric points of view. A strong correlation was found between certain social, economic, educational, and cultural aspects of an individual's family background, home life, personal relationships, and the stability of his personality make-up. Nevertheless, many exceptions to this broad generalization occurred, even in the small group studied, and the authors point out

that these exceptional cases, where successful adjustment has apparently been attained in spite of adverse environment in some instances and limited intellectual endowment in others, "still present a problem which should issue a challenge to sociologist and psychiatrist."

JUVENILE-COURT CASES IN NORTH CAROLINA 1929-34, by Wiley B. Sanders, Ph.D., and William C. Ezell, M.A. State Board of Charities and Public Welfare, Raleigh, N.C., 1937. 53 pp.

This study of juvenile-court cases was begun in October 1934 as a cooperative project of the School of Public Administration and the Institute for Research in Social Science of the University of North Carolina and the State Board of Charities and Public Welfare. It brings up to date an earlier statistical study of 23,000 cases before the county juvenile courts of North Carolina during the 10-year period 1919-29 and stresses again the need for centralized supervision of both city and county juvenile courts and for the periodic collection and tabulation of juvenile-court statistics on a State-wide basis.

Reports on 16,683 cases were received from 106 of the 108 juvenile courts in the State and cover the 5-year period July 1, 1929, through June 30, 1934. Statistical data are presented covering such items as type of case (delinquency, dependency, or neglect), race, sex, charge on which referred, recidivism, seasonal variations, and disposition of case.

GENERAL CHILD WELFARE

KINDERGARTEN CENTENNIAL CELEBRATION, 1837-1937



The one-hundredth anniversary of the opening of the first kindergarten, in Blankenburg, Germany in 1837, is being celebrated this year by the Association for Childhood Education. Local and Nation-wide programs will emphasize the development of the movement for childhood education abroad and in this country. The first kindergarten in the United States was opened in

Watertown, Wisc., in 1856. It is hoped that the interest aroused by the centennial will focus attention upon the present and future needs of young children in this country and on the problem of how to meet these needs.

The Centennial Committee of the Association for Childhood Education (1201 Sixteenth St., N.W., Washington, D.C.) has prepared a series of leaflets, a seal from which the accompanying illustration was copied, and suggestions for exhibits, pageants, and radio programs. A brief historical study outline can also be obtained from the Association ("The Kindergarten Centennial, 1837-1937," 1937; 24 pp.; 15 cents).

NEWS AND READING NOTES

American Red Cross offers booklet for school use In order to stimulate thinking and to assist schools in creating a widely diffused social intelligence among their pupils, the American Red Cross has reprinted in pamphlet form a series of articles which appeared in the *Junior Red Cross Journal* during the school year of 1936-37.

The title of the booklet, taken from an article by Edward D. Lynde, is "You Can't Help Unless You Know How" (American Red Cross, Washington, 1937; 67 pp.). The booklet includes an article on the public-health nurse by Lillian D. Wald, one on housing in cities and towns by John Ihlder; and on by Elizabeth Shirley Enochs on the social-security program for children administered by the Children's Bureau.

Parents' views on problems of adolescents A series of symposiums on freedom and guidance for the adolescent by parents of children in the Horace Mann Schools and Lincoln School, connected with Teachers College, Columbia University, has been printed in pamphlet form. Parents and the Latch-Key (1936; 56 pp.) deals with children's friends and social life versus parental standards. Parents and the Automobile (1936; 64 pp.) takes up the parents' responsibility, the developing of a sense of responsibility in the young driver, and the cooperation of schools in teaching traffic

safety and good driving. An earlier symposium, Parents and Purse Strings (59 pp.) appeared in 1934. These pamphlets can be obtained from the Bureau of Publications, Teachers College, Columbia University, New York (65 cents each).

Youth hostels in France There are now some 400 youth hostels in France, according to an article by Marc Loge in the *Christian Science Monitor* (May 18, 1937, p. 8). These are for the most part conducted by two organizations, the Ligue Française des Auberges de la Jeunesse, founded by Marc Sangnier, sponsored by Protestant, Catholic, and Jewish dignitaries, and the newer Centre Laïque des Auberges de la Jeunesse founded in 1933 under the auspices of the General Confederation of Labor, the University Club, and certain teachers' organizations. The number of "auberges" conducted by the latter organization has increased from 5 in 1933 to more than 250 at the present time. Young persons of both sexes, from 15 to 30, without regard to nationality, creed, or political opinions, are welcomed at the hostels on presentation of their membership cards. Comfortable sleeping and cooking facilities are provided at low cost, and each hostel is under the supervision of a carefully chosen resident manager.

BOOK AND PERIODICAL NOTES

MIDDLETOWN IN TRANSITION; a study of cultural conflicts, by Robert S. Lynd and Helen Merrell Lynd. Harcourt, Brace & Co., New York, 1937. 604 pp. \$5.

In revisiting Middletown in June 1935, 10 years after the end of the field work for their original study, "Middletown: a study in contemporary American culture," the Lynds state their purpose as follows:

"Here is an American city which had been the subject of 18 months of close study in 1924-25. During the following decade the conditions of its existence had been unexpectedly altered in a way which affected every aspect of its life. Its growing population had been tossed from prosperity beyond any experienced prior to 1925 to an equally unprecedented depression. The opportunity thus presented to analyze its life under the stress of specific interrupting stimuli, whose course can be traced, offered something analogous to an experimental situation."

The chapter on Making a Home includes discussion of trends in the rates of marriage and divorce, number of children per family, and the birth rate.

The chapter on Keeping Healthy notes the extension of free health services to needy school children, not all of them from families on relief, involving free milk, cod-liver oil, and in some cases hot lunches. It also notes that the supplementary feeding programs were to a large extent abandoned in 1934 and that "Middletown is not aware of having learned any permanent lessons regarding public and private health since 1929 or since 1925."

MOTHERS OF BRITAIN: ESTIMATES OF THEIR EFFICIENCY. *Charity Organization Quarterly*, vol. 11, no. 2 (April 1937), pp. 65-149.

In June 1933 an international congress was held on The Industrial Work of the Mother and the Working Home. Consideration of the conclusions reached led to plans for a second congress to be held in Paris June 21-28, 1937. In preparation for the congress questionnaires were sent to various groups of people representing social workers, physicians, persons engaged in intellectual work, and others, to collect information about the effect of work by mothers outside the home upon the family budget and the family health, the education of the children, the home atmosphere, child delinquency, and other matters. This issue of the *Quarterly* is devoted almost entirely to a resume of the material collected by family case-work societies of Great Britain.

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Correction.--The publication, "I see by the papers" can be obtained from the Social Work Publicity Council of Chicago (203 North Wabash Ave., Chicago; price, \$1) and not from the Illinois Emergency Relief Commission as stated in THE CHILD for May 1937, p. 22.

The Children's Bureau does not distribute the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

OF CURRENT INTEREST

Appointment of Dr. Daily The appointment of Edwin F. Daily, M.D., as director of the Division of Maternal and Child Health of the Children's Bureau has been approved by the Secretary of Labor. Dr. Daily was formerly a member of the faculty of the Department of Obstetrics and Gynecology of the University of Chicago and staff obstetrician of the Chicago Lying-In Hospital. He is also a diplomate of the American Board of Obstetrics and Gynecology. For the past year Dr. Daily has been the assistant director of the Maternal and Child Health Division of the Children's Bureau.

Blue Ridge Institute on prevention of juvenile delinquency Organizing the community for the prevention of juvenile delinquency will be the subject of the eleventh session of the Blue Ridge Institute for Southern Social-Work Executives to be held in Blue Ridge, N.C., July 20-30, 1937.

The discussion will take place in four main committees—on case work, group work, health, and court and probation service. The final session will draw together the findings of the several functional committees.

Registrations should be made not later than July 15 with Bradley Buell, Community Chests and Councils, Inc., 155 East 44th St., New York. A fee of \$5 should accompany the registration.

National Conference of Social Work Meeting in Indianapolis, Ind., May 23-29, 1937, the sixty-fourth annual meeting of the National Conference of Social Work nominated Paul Kellogg, editor of the *Survey*, for president of the 1939 conference, which will be held in Buffalo.

The 1938 meeting, of which Solomon Lowenstein, executive vice-president of the Federation for the Support of Jewish Philanthropic Societies of New York City, was elected president, will be held in Seattle.

An account of the Indianapolis meetings, written by Gertrude Springer and Helen Cody Baker, appears in the *Midmonthly Survey* for June, 1937.

National Conference of Jewish Social Welfare Harry Greenstein, director of the Associated Jewish Charities of Baltimore, was elected president of the National Conference of Jewish Welfare, which met in Indianapolis May 19-23, 1937.

Hugh L. Kerwin, Director of the United States Conciliation Service in the Department of Labor, died on June 10 after a brief illness. Mr. Kerwin had served in the Department of Labor for 24 years and as Director of the Conciliation Service since its establishment in 1917.

The Service has 36 commissioners of conciliation who serve as official observers in wage negotiations and in labor controversies not involving compulsory arbitration.

CONFERENCE CALENDAR

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| July 5-11 | International Housing and Town-Planning Congress, Paris. Information: International Federation for Housing and Town Planning, 25 Bedford Row, London, W.C.1, England. | July 29-Aug. 13 | World Jamboree of Boy Scouts, Netherlands. Information: Activities Service, Boy Scouts of America, 2 Park Ave., New York. |
| July 6-11 | International Hospital Association. Fifth International Congress, Paris. Secretariat: 3, Av. Victoria, Paris. | Aug. 2-7 | World Federation of Education Associations. Seventh World Conference, Tokyo, Japan. |
| July 12-16 | American Dental Association. Atlantic City, N.J. | Aug. 15-21 | National Medical Association. St. Louis, Mo. |
| July 12-24 | Pan-Pacific Women's Association. Fourth Pan-Pacific Women's Conference, Vancouver, Canada. Mrs. Edgerton Parsons, President, U. S. Mainland Committee, Pan-Pacific Women's Association, 130 Clinton St., New York. | Aug. 29-Sept. 1 | National Conference of Catholic Charities. St. Paul, Minn. |
| July 13-16 | Medical Women's International Association. Fifth Congress, Edinburgh. | Aug. 31-Sept. 7 | World Youth Conference. Under auspices of Federation of League of Nations Societies. Geneva. |
| July 19-22 | Congrès International de la Protection de l'Enfance, Paris. Secretariat général: Association Internationale pour la Protection de l'Enfance, 67, avenue de la Toison-d'Or, Brussels, Belgium. | Sept. 13-17 | American Hospital Association. Atlantic City, N.J. |
| July 24-28 | International Congress on Child Psychiatry. Paris. | Sept. 23-28 | Second International Congress for the Protection of Childhood. Rome, Italy. |
| | | Sept. 26-29 | National Council of Catholic Women. Seventeenth annual convention, Washington, D.C. Sept. 28, special session on youth. |
| | | Sept. 27-30 | Fourth International Pediatric Congress. Rome, Italy. Secretariat: Clinica Pediatrica, Policlinico, Rome. |

THE CHILD

MONTHLY NEWS SUMMARY

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

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